

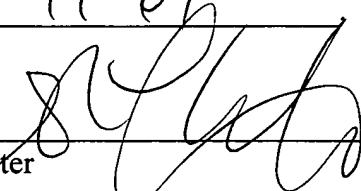


## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

**RECEIVED**  
OCT 25 2004  
Technology Center 2600

on 10-14-04  
  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Hrastar et al.

Serial No.: 09/760,961

Filed: January 16, 2001

Confirmation No.: 5368

Group Art Unit: 2661

Examiner: Ton, Anthony T.

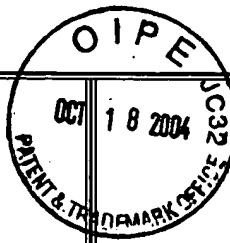
Docket No.: A-7145

**For: Methods for Dynamically Assigning Link Addresses Logical Network Addresses**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal  
First Response (with Amendments)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Hrastar et al.**

Docket No.

**A-7145**Serial No.  
**09/760,961**Filing Date  
**January 16, 2001a**Examiner  
**Ton, Anthony T.**Confirmation No.  
**5368**Group Art Unit  
**2661**Invention: **Methods for Dynamically Assigning Link Addresses for Logical Network Addresses****RECEIVED****OCT 25 2004****Technology Center 2600**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

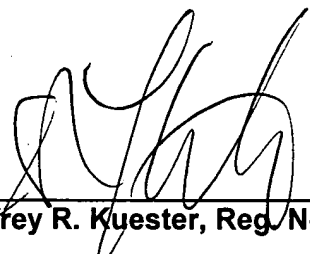
Transmitted herewith is the First Response (with Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	22 =	0	X \$18.00	\$0
INDEP. CLAIMS	2 -	3 =	0	X \$88.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$300.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$430.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$980.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1530.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ \_\_\_\_\_
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**  
\_\_\_\_\_  
Date